

Educator Fingerprint Release Form

(To be used for License applications and Live Fingerprint Scan Approval)

Include a check or money order for \$69
(Nonrefundable) made out to USOE and mail
to:

**Educator Licensing
USOE
250 East 500 South
P O Box 144200
Salt Lake City, UT 84114-4200**

Please check the appropriate box: ☐ Renewal of Utah License ☐ ARL Program (USOE only) ☐ Career/Technology
 ☐ University Applicant ☐ Out-of-State Applicant ☐ Other

To be filled out by educator (Please type or print in **Black** ink using a medium point pen and complete **ONLY** those areas that are applicable.)

Full Name: (Last) (First) (Middle) (Birth/Maiden Name)					Date:
Mailing Address for Delivery of License (Including City, State & Zip)					Social Security#:
Sex:	Ethnic Background*:	Citizenship:	Phone #	Place of Birth:	Date of Birth:
Previous Utah Educator License (If Any): <input type="checkbox"/> Yes <input type="checkbox"/> No				Year Granted:	
If University Student, Declared Major:				Declared Minor:	University:

Besides the State Office of Education, if university student, which university should receive notice of the fingerprint results?
(USOE does not notify anyone else about clearance.)

_____ UTAH STATE OFFICE OF EDUCATION, UTAH BUREAU OF CRIMINAL IDENTIFICATION,
AND FEDERAL BUREAU OF INVESTIGATION
INFORMED CONSENT AND RELEASE OF LIABILITY
* * * R E L E A S E * * *

In connection with my application for licensure with the State of Utah, I hereby authorize the above-named agencies to investigate my past and present employment, education, and criminal records, including information on expunged records as provided by law, to ascertain any and all information which may be pertinent to my qualifications or fitness and to make any information received part of my permanent licensure file. I understand that Utah law permits the Utah State Office of Education to release any information related to my qualifications or fitness for working with children in the schools to any educational institution to which I turn for training, employment, or volunteer service. I also understand that Utah law provides a shield against any civil or criminal liability for persons disclosing or receiving information in good faith relating to my qualifications or fitness for working with children in the schools. I further understand that my submission of this document is evidence of my knowledge, understanding, and acceptance of the conditions here set forth. I further agree that a copy of this release shall function as an original. I have the right to inspect information received into my file and to challenge or respond to that information.

Have you ever had a credential revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
Have you ever been convicted of violating any law, except minor traffic violations? _____ (Convictions for Driving Under the Influence of drugs or alcohol shall be reported.) If yes, explain on a separate sheet. If a background check reveals that you have made false statements, your license may be revoked.	

I verify these statements are true, and I understand this information may be used or provided to potential employers and to the Utah State Office of Education for appropriate licensure and professional development purposes. I also give permission for the university to submit my preservice test scores for licensure.

Educator's Signature:	Date:
Witness Signature:	Date: